

Printed 11/05/2001

APPLICATION NUMBER 09/384,327	FILING DATE 08/26/1999	CLASS 530	GROUP ART UNIT 1636	ATTORNEY DOCKET NO 008439-029
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APPLICANT
BRIAN W GRINNELL, INDIANAPOLIS, INDIANA.

CONTINUING DOMESTIC DATA***
VERIFIED THIS APPLN IS A DIV OF 08/208,930 03/09/1994 PAT 5,550,036
WHICH IS A CON OF 07/368,700 06/20/1989 ABN
WHICH IS A CIP OF 07/250,001 09/27/1988 ABN
WHICH IS A CIP OF 07/129,028 12/04/1987 ABN
WHICH IS A CIP OF 06/849,999 04/09/1986 ABN

371 (NAT'L STAGE) DATA***
VERIFIED

FOREIGN APPLICATIONS***
VERIFIED

Foreign priority claimed 35 USC 119 (a-d) conditions met	O yes O no O yes O no O Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and acknowledged	Examiner's Name Initials	IN	42	35	7

ADDRESS
ELI LILLY AND COMPANY
LILLY CORPORATE CENTER
DROP CODE 1104
INDIANAPOLIS , IN 46285

TITLE
METHOD OF USING EUKARYOTIC EXPRESSION VECTORS
COMPRISING THE BK VIRUS ENHANCER

FILING FEE RECEIVED \$*1498	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	O All Fees O 1.16 Fees (Filing) O 1.17 Fees (Processing Ext. of Time) O 1.18 Fees (Issue) O Other _____ O Credit
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UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 7619

SERIAL NUMBER 09/384,327	FILING DATE 08/26/1999 RULE	CLASS 530	GROUP ART UNIT 1636	ATTORNEY DOCKET NO. 008439-029
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APPLICANTS

BRIAN W. GRINNELL, INDIANAPOLIS, IN;

** CONTINUING DATA *****

THIS APPLICATION IS A DIV OF 08/208,930 03/09/1994 PAT 5,550,036
WHICH IS A CON OF 07/368,700 06/20/1989 ABN
WHICH IS A CON OF 07/250,001 09/27/1988 ABN
WHICH IS A CIP OF 07/129,028 12/04/1987 ABN
WHICH IS A CIP OF 06/849,999 04/09/1986 ABN

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 09/28/1999

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY IN	SHEETS DRAWING 42	TOTAL CLAIMS 35	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

ELI LILLY AND COMPANY
LILLY CORPORATE CENTER<
DC 1104
Indianapolis ,IN 46285




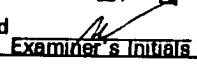
TITLE

METHOD OF USING EUKARYOTIC EXPRESSION VECTORS COMPRISING THE BK VIRUS ENHANCER.

**FILING FEE
RECEIVED**
1498

FEES: Authority has been given in Paper
No. _____ to charge/credit DEPOSIT ACCOUNT
No. _____ for following:

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees (Filing)
<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
<input type="checkbox"/> 1.18 Fees (Issue)
<input type="checkbox"/> Other _____
<input type="checkbox"/> Credit

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
09/384,327 REISSUE	08/26/99	530	1636	008439-029		
APPLICANT BRIAN W. GRINNELL, INDIANAPOLIS, IN.						
CONTINUING DOMESTIC DATA*** VERIFIED THIS APPLN IS A RE OF 08/458,372 06/02/95 PAT 5,681,932 						
371 (NAT'L STAGE) DATA*** VERIFIED 						
FOREIGN APPLICATIONS*** VERIFIED 						
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 09/28/99						
Foreign Priority claimed 35 USC 119 (a-d) conditions met		<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IN	SHEETS DRAWING 42	TOTAL CLAIMS 35	INDEPENDENT CLAIMS 7
Verified and Acknowledged  Examiner's Initials						
ADDRESS R DANNY HUNTINGTON ESQUIRE BURNS DOANE SWECKER & MATHIS LLP P O BOX 1404 ALEXANDRIA VA 22313-1404						
TITLE METHOD OF USING EUKARYOTIC EXPRESSION VECTORS COMPRISING THE BK VIRUS ENHANCER						
FILING FEE RECEIVED \$1,498	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			